



Mental Health  
**Redesign**  
Working Forum

Hosted by the  
Milwaukee County  
Mental Health Redesign  
and Implementation  
Task Force

March 5, 2014



### **Mental Health Redesign Working Forum**

The Mental Health Redesign Working Forum was hosted by the Milwaukee County Mental Health Redesign and Implementation Task Force at the Zilber School of Public Health on March 5, 2014.



The working forum was opened by Héctor Colón, Director of the Milwaukee County Department of Health and Human Services. Mental Health Redesign Co-Chairs Pete Carlson, President of Aurora Psychiatric Hospital and Senior Vice President of Aurora Behavioral Health, and Susan Gadacz, Administrator, Milwaukee County Community Access to Recovery Services Division, provided historical context and progress updates as an introduction to the day's work. Assistant Chief, James Harpole, of the Milwaukee Police Department gave an inspirational talk about the need for stigma reduction and the benefits of cross-system collaboration, specifically between law enforcement and the mental health system.



A total of more than 80 individuals representing persons with lived experience, treatment professionals, community advocates, mental health service providers, elected officials and others attended the full-day event. The purpose of the Working Forum was to 1) provide a one-year progress update on the Mental Health Redesign SMART Goals; 2) organize new action and expertise to address cross-cutting issues and strategies; and 3) facilitate the development of further work for Redesign Action Teams.



### **Development of the SMART Goals**

The Task Force has been working diligently over the past three years to advance recommendations to establish a person-centered care approach that incorporates the voice of individuals with lived experience at every level and addresses five key improvement areas:

1. System of care;
2. Crisis system redesign;
3. Continuum of community-based services;
4. Integrated multi-system partnerships; and
5. Reduction of inpatient utilization.



In March 2013, the Task Force completed the development of sixteen SMART Goals, each with detailed performance targets, tactical objectives, and designated responsibilities. See SMART Goals here for complete details: <http://county.milwaukee.gov/MHRedesign.htm>.



The SMART Goals (in brief):

1. Improve satisfaction and recovery outcomes.
2. Promote stigma reduction in Milwaukee County.
3. Improve the quality of the mental health workforce.
4. Expand the network of Certified Peer Specialists.
5. Improve the coordination and flexibility of public and private funding committed to mental health services.
6. Establish a mechanism to publicly chart system quality indicators that reflect progress on Redesign SMART Goals.
7. Develop a structure for ongoing system improvement and oversight of the Mental Health Redesign process.
8. Improve crisis access and response to reduce Emergency Detentions (Chapter 51, Involuntary Commitment for Treatment).
9. Improve the flexible availability and continuity of community-based recovery supports.
10. Improve the success of community transitions after psychiatric hospital admissions.
11. Improve the economic security of persons with mental illness by increasing utilization of disability-related benefits including SSI/SSDI and Medicaid.
12. Increase the number of individuals with mental illness who are engaged in employment, education, or other vocational-related activities.
13. Improve access to, and retention in, recovery-oriented supportive housing for persons with mental illness who are homeless or inadequately/unsafely housed.
14. Improve criminal justice and mental health system collaboration to reduce inappropriate incarceration of people with mental illness.
15. Reduce the number of people who experience acute hospital admissions through improved access to, and utilization of, non-hospital crisis intervention and diversion services for people in mental health crisis.
16. Improve the cultural intelligence (CQ) operating in all components of the behavioral health system.



## **The Work of the Working Forum**

Working forum participants had two jobs. The first was to participate in one of four cross-cutting issue discussions; the second was to review and comment on the work of the six Action Teams relative to progress on the SMART Goals.

### **Cross-cutting Issue Discussions**

In the course of SMART Goal implementation, it became evident that several key issues cut across Action Teams or need to be addressed but have not yet been assigned to an Action Team. In order to tackle these issues in, working forum planners put together four cross-cutting issue discussions and designated a facilitator for each.

Prevention and Early Intervention, Tim Baack, Pathfinders

Service and System Flexibility, Martina Gollin-Graves, Mental Health America

Multi-System Involvement, Jim Mathy, Milwaukee County Housing Division

Continuity and Sustainability, Katie Pritchard, Planning Council/IMPACT

Participation in discussion groups was robust and productive. Each group followed a set facilitation format that yielded consistent information across groups including a definition of the ideal condition, analysis of critical barriers to achieving that ideal condition, identification of three areas where an organized effort could have the greatest impact including the rationale for selecting each, and a review of changes that would be necessary in order to advance these new ideas. Each group's discussion was summarized on a PowerPoint that was presented to the full working forum audience.

The results of the cross-cutting issue discussions are provided in this report. The full set of PowerPoint slides is available on Google Drive at <http://county.milwaukee.gov/MHRedesign.htm>.

### **Action Team Progress Review**

Participants were asked to view each Action Team's goals and progress. This information was enlarged so that many participants could view and discuss at once. Participants were encouraged to write their comments directly on each poster. These comments have been organized in the Working Forum Input summaries included later in this report.

The 'before' and 'after' shots of the Action Team goals and progress posters are available on the Mental Health Redesign website at <http://county.milwaukee.gov/MHRedesign.htm>.

## **Development of 2nd Year Action Team Scopes of Work**

The Action Team co-chairs along with the co-chairs and full membership of the Mental Health Redesign Task Force will use the information and ideas generated by the Working Forum to develop scopes of work to guide Action Team efforts for the remainder of 2014. Included in these revised scopes of work will be possible consideration of the designation of a new Prevention and Early Intervention Action Team.

### **Special Appreciation**

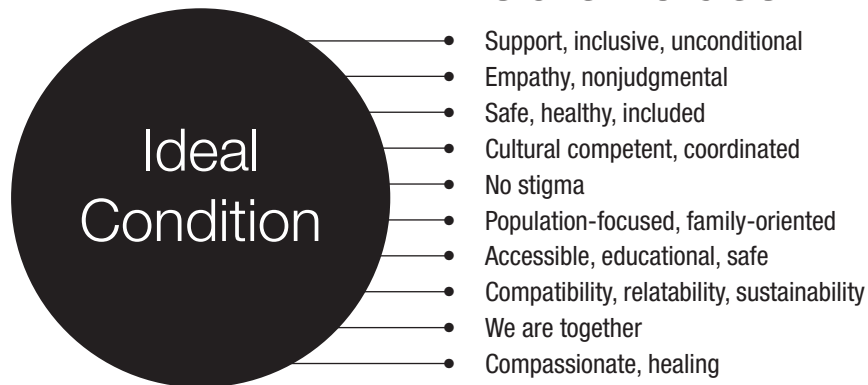
Pete Carlson and Sue Gadacz, co-chairs of the Mental Health Redesign Task Force, want to extend their special appreciation to Assistant Chief Harpole, Tim Baack, Martina Gollin-Graves, Jim Mathy, and Katie Pritchard for their contributions to this special day. Much appreciation is also due to the Zilber School of Public Health, UW-M, and to the State of Wisconsin Department of Health Services. Lastly, thank you to the dozens of Mental Health Redesign Task Force members and community representatives who gave their time, insight, and energy at the working forum in the interest of improving Milwaukee County's mental health system for everyone.



## Prevention and Early Intervention

What would it take to build a stronger system?

## Core Values



### FIVE Most Critical Barriers to Achieving the Ideal Condition



### Areas Where an Organized Efforts Would Have the Greatest Impact

<b>Core Competencies</b>	Ensure that anyone who has contact with persons with mental health conditions has an identified set of core competencies in mental health prevention.	<ul style="list-style-type: none"> <li>• Cross-training across systems</li> <li>• Measuring fidelity to training</li> <li>• Core competencies approved by persons with lived experience</li> </ul>
<b>MC3</b>	Expand the MC3 Change Agent movement to focus on action, publicize successes achieved by community and health change agents.	<ul style="list-style-type: none"> <li>• Persons with lived experience involved in service delivery</li> <li>• Incorporating core values and co-occurring language in all systems</li> </ul>
<b>K-12 Education</b>	Invite K-12 education and the public school system to participate in efforts to improve prevention and early intervention.	<ul style="list-style-type: none"> <li>• Buy-in from stakeholders</li> <li>• Funding resources</li> <li>• Participation in Change Agent meetings</li> </ul>



## Service and System Flexibility

How can services be organized to most effectively support recovery in the community?



## Person-centered Holistic System

### FIVE Most Critical Barriers to Achieving the Ideal Condition

Inadequate capacity  
and training of  
service providers

Politics

Outdated system:  
lack of coordinated  
services

Stigma: Doesn't  
always allow for  
peer involvement

Appropriate  
funding and use  
of resources

### Areas Where an Organized Efforts Would Have the Greatest Impact

#### Funding Model

Structure funding so it is person-centered; that is, resources follow the person so they would have access to services responding to changing needs.

#### Stigma Reduction

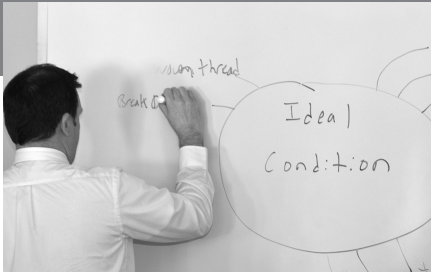
Address stigma among service providers that limits respect for peer support specialists; coordinate stigma reduction efforts.

#### Taking Politics out of Treatment

Shift from politically focused funding to a funding model that doesn't separate mental health from other health services; focus on recovery and outcomes.

### What will it take to advance this strategy?

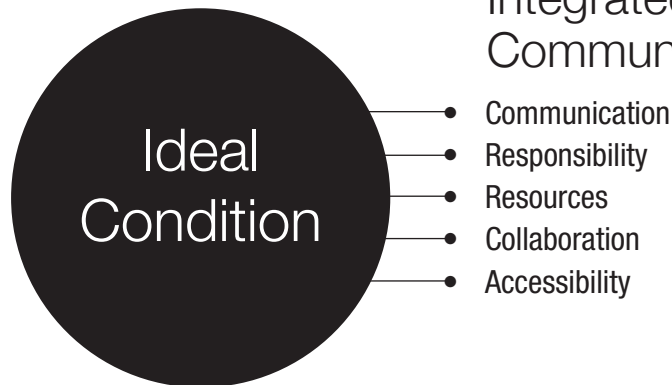
- One door to enter for people who need access to services
- Services tailored to individual needs regardless of resources
- Using existing outcomes to gain more buy-in for system changes



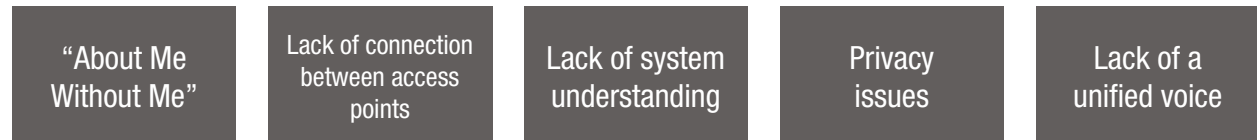
## Multi-System Involvement

How can systems cooperate to better respond to the needs of people with mental illness?

## Integrated and Cross-Systems Communication



### FIVE Most Critical Barriers to Achieving the Ideal Condition



### Areas Where an Organized Efforts Would Have the Greatest Impact

Information Sharing	Organized effort for information sharing, addressing HIPAA issues, and improving advocacy.
Organized Partnerships	Organized partnerships to develop shared, measurable goals and improve accountability.
Online Shared Database	Shared online database for consumers and providers to improve access and choice.

### What will it take to advance this strategy?

- Hosting online database
- Establishing a forum for communication that includes providers and consumers
- Ensuring consumer input in all decision-making



## Continuity and Sustainability

How will we ensure the continuity and sustainability of what has been gained/accomplished?



## Quality Imperatives

### FIVE Most Critical Barriers to Achieving the Ideal Condition

Relationships

Culture and  
Politics

Funding

Stigma

Integration

Areas Where an Organized Efforts  
Would Have the Greatest Impact

What will it take to advance  
this strategy?

#### Shared Value System

Develop a shared value system that takes steps towards integration by building on existing efforts, reduce stigma and maximize civic inclusion.

- People working together

#### Integration of Care Coordination

Integrate care coordination with sustainable funding, data access, and models of successful care.

#### Broadcast System

Create an organized system for broadcasting research-based data and stories of success to the community to reduce stigma, improve access, and impact funding.

## SMART Goal

Improve the quality of the mental health workforce.

## Tactical Objectives

- Develop person-centered workforce competencies that are recovery-oriented, trauma-informed, co-occurring capable & culturally competent.
- Develop & implement a plan to introduce the competencies to public & private entities.
- Develop & implement a plan to improve the quality & retention of mental health nurses.
- Establish a sustainable partnership between Milwaukee County & MCW.
- Work with representatives of underserved & underrepresented populations to improve the recruitment & retention of mental health professionals from those community sectors.

## Working Forum Input

- Work with DWD and DHHS to establish mental health tech care giver training including job readiness/skills.
- Develop internships & loan forgiveness.
- Look at staffing levels, training and job satisfaction.
- Introduce mental health recruitment in nursing and OT schools.
- Reduce stigma to improve recruitment of qualified staff.
- Develop training curriculum & certify mental health professions on Value + concepts.
- Incorporate MC3 principles & values.
- Focus on psychiatrists trained in community care.
- Explore whether trainings can be paid for by DVR, DOL, or WIA.
- Include training for law enforcement & other first responders (CIT/CIP).
- Include workforce competencies for hospital ED and criminal justice professionals as well.
- Focus changes on employee training needs.
- Support staff with employment services/supports as we transition to a community-based system.
- Keep the focus on the mental health substance use disorder workforce.

Expand the network of Certified Peer Specialists.

- Continue implementation of CPS Pipeline program.
- Establish a web-based clearinghouse to post CPS opportunities.
- Continue efforts to improve employers' effective utilization of CPS in their programs.
- Continue to incorporate targets for CPS employment into policy & contracts.
- Support the provision of CPS training using state-approved curricula.
- Develop & implement a plan to establish a program operated by CPS.

- Create a career ladder from CPS to nursing degree.
- Include CPS on mobile team.
- Establish a peer recovery coach certification.
- Provide CPS continuing education opportunities.
- Establish local chapter of Peer Specialist Association for advocacy, resources, seminars, etc.
- Collaborate to train and deploy more health interpreters in multiple languages including ASL.

**Progress:** 1) Trainings for employers on how to integrate Certified Peer Specialists (CPS) into service array; 2) Double the number of CPS in Milwaukee County (80+) since mid- 2012; 3) Peer Pipeline website & training, continuing education, and certification opportunities for current and prospective peer specialists; 4) Nursing's Voice initiatives: research on skills and attitudes of mental health nurses and employers (informing development of recruitment & retention plans); relationship-building between nursing educators and mental health nurse employers; continuing education & networking opportunities for mental health nurses; internships for nursing students with mental health interest.

## From Cross-Cutting Issue Discussions: Prevention and Early Intervention

- Ensure that anyone who has contact with persons with mental health conditions has an identified set of core competencies in mental health prevention.

## SMART Goal

Increase engagement of persons with mental illness in employment, education, or other vocational-related activities.

## Tactical Objectives

- Begin implementation of the IPS Supported Employment model.
- Establish a partnership w/ service providers, government agencies, and employers to address barriers to employment for persons with MI.
- Implement CRS to obtain support for evidence-based employment practices.
- Utilize Medicaid-supported benefits to assist persons in job and school readiness and employment and education support.
- Work with the Social Security Administration to develop a strategy to address concerns regarding loss of benefits due to employment.
- Leverage existing partnerships with employers and schools to create expanded options.
- Align employment efforts with the expansion of the Certified Peer Specialist network.
- Involve public/private employers & employment assistance providers in stigma reduction.
- Fund a job creation project using Milwaukee County CDBG \$.

Improve access to recovery-oriented supportive housing for persons with MI who are homeless or inadequately housed.

- Organize existing supportive housing resources into a flexible continuum that is responsive to individual needs.
- Develop the role of the Community Intervention Specialist in assisting with access to housing and retention in housing for people at risk.
- Development, pilot, and implement an intervention approach to provide additional provider, peer, and family support services for those at risk of housing loss.
- Improve the capability of supportive housing to provide person-centered, co-occurring capable services in partnership with MC3.
- Develop new housing options specifically for young adults transitioning from foster care.
- Advocate for increased Section 8 and other housing supports.
- Partner with nonprofit & private housing developer, WHEDA, banks, County & City housing trust funds, and other stakeholders to develop new supportive housing.

Improve criminal justice and mental health system collaboration to reduce inappropriate incarceration of people with mental illness.

- Monitor the development of the data link project being implementation by the MC Community Justice Council and offer assistance when appropriate.
- Participate in efforts to promote diversion of persons w/ MI needs such as a mental health court and other evidence-based practices.

## Working Forum Input

- Closer linkage between adult services & youth services.
- Maintain momentum by promoting the success of these programs.
- Include Youth Peer Support Specialists.
- Add Screening & Brief Intervention, Referral to Treatment (SBIRT) to schools and criminal justice settings.
- Link each individual with a health care home for ongoing care.
- Offer training for peers on how to navigate DVR and educate peers about their rights regarding DVR.
- Same physician for inpatient and outpatient
- Provide housing for people with medical needs.
- Incorporate MC3 principles and values.
- Increase family housing options.
- Harm reduction housing models that eliminate common barriers experienced by people with lived experience (wet/damp programs)
- Damp house needs to be considered.
- Clone Eric Collins-Dyke (Community Intervention Specialist) – we need an army of outreach workers like Eric to support a Housing First model to remove current barriers to connecting consumers with needed housing.
- Need to make mental health a public health issue.
- There is interest in providing spiritual issues groups for people w/ MI in the criminal justice system.
- Post release – were they connected (to services)? If not, why not?

**Progress:** 1) Community Intervention Specialist position; 2) Community Justice Council analysis of high utilizers in mental health & law enforcement; 3) Pathways to Permanent Housing opened in June 2013; 4) Implementation of Individual Placement & Support (IPS) employment model; 5) 10% increase in Supportive Housing from 2012 to 2013; 6) Housing & supportive services for youth aging out of foster care (Clarke Square neighborhood).

## From Cross-Cutting Issue Discussions: Multi-System Involvement

- Organized effort for information sharing, addressing HIPAA issues, and improving advocacy
- Organized partnerships to develop shared, measurable goals and improve accountability
- Shared online database for consumers and providers to improve access and choice

### **SMART Goal**

Improve the level of cultural intelligence (CQ) operating in all components of the behavioral health system.

### **Tactical Objectives**

- Partner with MC3 to incorporate CQ improvements into MC3 process
- Partner with the Workforce Action Team to integrate CQ into workforce development strategies
- Develop a user-friendly CQ Assessment Instrument that reflects best practices and is suitable for the local context
- Establish a mechanism and schedule for the CQ assessment of behavioral health providers
- Establish an inclusive CQ collaboration including advocates and providers representing culturally diverse populations.

### **Working Forum Input**

- Expand the scoring on County RFP's to include CQ.
- Address CQ with landlords who may have mental health clients
- Recruit those with specific cultural backgrounds into workforce at ground level as peer specialists; including not just ethnicity but deaf and hearing impaired, LGBT, veterans, and others
- Access to interpreters; educate consumers about their rights and providers about their responsibilities; look at collaborative opportunities to increase health interpreters working with community-based organizations and community health clinics.
- Incorporate all MC3 principles and create a community model.
- Promote front porch welcome and support model.
- Support the stigma reduction effort in supervisors' districts.
- Assist providers in implementing CQ Civil Rights Compliance Plans.
- Improve CQ across all work groups as it is really an entire "whole" person aspect of the treatment experience and recovery.
- Intercultural youth outreach!
- Internships!
- Outreach to faith community beyond dominant religions
- Integrate outcomes and accountability framework; move from individual to agency to organizational levels.
- Consider expanding focus on youth
- All people need to come together to experience a Change Agent meeting.

**Progress:** 1) Developing a cultural intelligence training curriculum, adapting corporate models into content that is more relevant and targeted toward the behavioral health and social service fields (with Dr. Derek Kenner & SMB Group) 2) Training of trainers for cultural intelligence promotion; and 3) Presentation by Stephen Broyles, MPH, MSW, on personal and organization CQ enhancement.

### **From Cross-Cutting Issue Discussions:**

#### **Service and System Flexibility & Prevention and Early Intervention**

- Address stigma reduction from CQ perspective.

## SMART Goal

Improve satisfaction & recovery outcomes. (shared with Quality AT)

## Tactical Objectives

- Review MHSIP & Vital Voice surveys instruments to determine if enhancements are required to capture person-centered principles.
- Continue implementation of EBP's to improve the extent to which services are welcoming, person-centered, recovery oriented, trauma-informed, culturally competent and co-occurring capable; and anchor those improvements in policy & contract.
- Coordinate activities of MC3 Evaluation Subcommittee with Redesign Quality Action Team to ensure representation of person-centered stories in quality improvement.
- Develop & implement strategies to increase use of self-directed recovery action plans by establishing a baseline, identifying training opportunities, and measuring adoption by peers.
- Lead the integration of substance use disorder and mental health services into a co-occurring capable system by functionally integrating SAIL & Wiser Choice.

## Working Forum Input

- Collaborate more with Families Moving Forward to capture "family satisfaction"

Promote stigma reduction.

- Develop a program to be delivered in each Supervisory District with an evidence-based stigma reduction model & presentation by persons with lived experience.
- Provide support & technical assistance to community efforts to reduce stigma.

- Informative handouts and people to talk to at the community listening sessions
- Address discrimination as well
- Educate peers, providers and community about discrimination and the civil rights of people with mental health needs
- More collaboration with other groups and organizations on stigma reduction events; tap them for resources
- We need more local leaders to publicly share their stories
- Local media strategy using Clear Channel

Improve the quality of the mental health workforce.

- Develop person-centered workforce competencies that are recovery-oriented, trauma-informed, co-occurring capable & culturally competent.
- Develop & implement a plan to introduce the competencies to public & private entities.
- Develop & implement a plan to improve the quality and retention of mental health nurses.
- Establish a sustainable partnership between Milwaukee County & MCW.
- Work with representatives of underserved populations to improve the recruitment & retention of mental health professionals from those community sectors.

- Localized peer employment initiative (based on MHA's Peer Pipeline website and peer-run respite)
- Substance abuse recovery peer employment opportunities
- Focus on ER nurses

**Progress:** 1) Developed curriculum and organized public education sessions to reduce mental health stigma (first session March 27th, Districts 5 and 10); 2) Revised MHSIP to be more person-centered and welcoming; 3) Engaged many MC3 Change Agents in Redesign efforts and system improvement; and 4) Achieved high satisfaction (MHSIP scores) in Community Access to Recovery Services Division and improving scores on BHD inpatient units.

## From Cross-Cutting Issue Discussions:

### Service and System Flexibility and Prevention and Early Intervention

- Address stigma reduction among professionals including stigma related to peer specialists

## SMART Goal

Improve the coordination and flexibility of funding committed to mental health services.

## Tactical Objectives

- Establish a Resource Strategy Team comprised of finance experts from foundations, private hospital systems, Milwaukee County, State of Wisconsin & the Public Policy Forum.
- Publish a report on mental health redesign financing for dissemination & discussion by stakeholders.
- Designate the Continuum of Care Action Team or form a new CRS Planning Workgroup to advise Milwaukee County on the design of CRS.
- Conduct a review of program & fiscal data to inform development of the CRS implementation plan.
- Submit CRS implementation plan to the MC Board of Supervisors for review and approval.

## Working Forum Input

- Worried getting too far away from health care focus on this committee
- Increase focus beyond BHD services
- System-wide adoption of the principles of MC3
- CRS work completed
- Change the funding model to follow the person
- Involve private insurance in funding soft services

Improve crisis access & response to reduce Emergency Detentions.

- Develop a partnership between the Redesign Task Force and the current implementation process for developing an integrated, welcoming crisis continuum of care.
- Support the increased utilization of person-centered crisis plans for the prevention of, and early intervention in, crisis situations through training and technical assistance.
- Prioritize expansion and responsiveness of mobile crisis services as well as other community crisis services including walk-in services, clubhouse and crisis bed options.
- Facilitate earlier access to assistance for crisis situations for individuals & families through improved public information on how to access the range of crisis intervention services in the community.
- Improve the capacity of law enforcement to effectively intervene in crisis situations through expanded CIT.
- Improve policies & procedures related to crisis response in contracted services to reduce the likelihood that crisis events lead to emergency detention.

- Integrated crisis plan
- Increase mobile response capacity
- Reduce duplication by crisis professionals – universal assessment
- Increased training and funding for CIT
- Consider certified peer specialists on mobile team (Great idea!)

Improve the flexible availability and continuity of community-based recovery supports.

- Develop & implement a mechanism for flexible utilization management that supports individualized matching of service intensity with the continuum of case management and recovery supports.
- Develop & implement procedures to move from higher to lower levels of support in response to changing circumstances.
- Organize a flexible continuum of recovery supports for eligible individuals through CRS & CCS.
- Establish metrics to assess the financial and program impacts of this approach.

- Continue integration/collaboration with Wraparound Milwaukee, particularly with the new transitional care programs and ability to access HMO funding
- Develop health home concepts and model; and enhanced MA funding under ACA
- Same doctor when in the hospital and in the community
- Implement CCS
- Operationalize integrated cross-system communication process. Share information – continuum does not thrive without it
- This (flexible continuum) is very important.

<b>SMART Goal</b>	<b>Tactical Objectives</b>	<b>Working Forum Input</b>
Improve community transitions after psychiatric hospital admission.	<ul style="list-style-type: none"> <li>Establish a flexible, community-based continuum of care including both formal services and informal supports.</li> <li>Maintain and strengthen crisis prevention, intervention, and diversion services in the community.</li> <li>Establish a partnership between Redesign Task Force efforts and existing discharge and transition planning improvement activities at BHD and private hospital partners.</li> <li>Work in partnership with inpatient, crisis, community, housing, and peer support providers to develop and implement an improvement plan for facilitating transitions from any hospital in the County.</li> <li>Develop and implement a plan to track 90-day readmission data for all hospital partners.</li> </ul>	<ul style="list-style-type: none"> <li>Address causes (of readmissions) not just occurrences</li> </ul>
Improve the economic security of persons with mental illness by increasing utilization of disability-related benefits.	<ul style="list-style-type: none"> <li>Establish a baseline for the number of persons who received assistance with SSI/SSDI applications.</li> <li>Establish a baseline for persons whose SSI/SSDI applications are approved.</li> <li>Develop a partnership involving the SSA, benefits counseling programs, SOAR trainers, protective payee providers, and persons with lived experience to develop, pilot, and implement a plan to improve access to application assistance.</li> <li>Increase access to recovery-oriented protective payee services for people needing this service.</li> </ul>	<ul style="list-style-type: none"> <li>Provide financial management training; help more people gain skills to manage their own money</li> <li>Presentation to consumers on working and the impact on benefits</li> <li>Add benefit specialists and employment specialists at north and south side Access Clinics</li> </ul>
Improve access to non-hospital crisis intervention and diversion services to reduce the number of people who experience acute hospital admissions for mental health crises.	<ul style="list-style-type: none"> <li>Implement tactical objectives relating to crisis access &amp; response, community-based recovery supports, community transitions, supportive housing, and reduced incarceration.</li> <li>Involve all types of providers in the partnership to reduce admissions including crisis services, day treatment, peer support, clubhouse, case management, and informal community supports.</li> <li>Improve policies, procedures, and practices that facilitate early access to crisis intervention by providers and law enforcement, continuity of care, diversion from hospitalization into CRC's and rapid step-down from hospitalization into intermediate levels of support.</li> <li>Develop a countywide mechanism for triaging availability and flow between higher and lower systems of care.</li> <li>Develop a plan for collecting baseline data and tracking hospital diversion and utilization percentages across the county.</li> </ul>	<ul style="list-style-type: none"> <li>Bring back the Northside CRC</li> <li>Add peer specialists to mobile time</li> <li>Add 100 staff to mobile team and deploy at 4 key community locations</li> <li>Operationalize integrated, cross-system communications, always including consumers</li> <li>Expand definition of 'continuity of care' to include prevention services</li> <li>Link with community clinics, e.g. nurse-managed health center in Milwaukee</li> <li>Incorporate MC3 principles and values</li> <li>Peer support very important</li> <li>Move SAIL out of the institution and into the community where it belongs</li> <li>Open a north side Access Clinic</li> </ul>

**Progress:** 1) Sustained expansion of Targeted Case Management; 2) Community Recovery Services approval & implementation; 3) Comprehensive Community Services implementation anticipated mid-2014; 4) Established new Recovery TCM level of case management; 5) Collaboration with Milwaukee Police Department and assignment of officer to join the Mobile Crisis Team; 6) Increase in person-centered crisis plans on file for BHD Crisis Services consumers; and 7) Requests for Proposals in progress for Peer-run Drop-in Center, additional Access Clinic (south side) and expanded hours for mobile crisis response.

#### **From Cross-Cutting Issue Discussions: Service and System Flexibility**

- Structure funding so it is person-centered; that is, resources follow the person so they would have access to services responding to changing needs.
- Integrate care coordination with sustainable funding, data access, and models of successful care.
- Address stigma among service providers that limits respect for peer support specialists; coordinate stigma reduction activities.
- Shift from politically focused funding to a funding model that doesn't separate mental health from other health services; focus on recovery and outcomes.

## SMART Goal

Improve satisfaction & recovery outcomes. (shared with Person-Centered AT)

Establish a mechanism to publicly chart system quality indicators that reflect progress on Redesign SMART Goals.

## Tactical Objectives

- Review MHSIP & Vital Voices survey instruments to determine if enhancements are required to capture person-centered principles.
- Continue implementation of EBP's to improve the extent to which services are welcoming, person-centered, recovery oriented, trauma-informed, culturally competent, and co-occurring capable; and anchor those improvements in policy and contract.
- Coordinate the activities of MC3 Evaluation Subcommittee with the efforts of the Redesign Quality Action Team to ensure representation of person-centered stories in quality improvement.
- Develop & implement strategies to increase use of self-directed recovery action plans by establishing a baseline, identifying training opportunities and measuring adoption by peers.
- Lead the integration of substance use disorders and mental health services into a co-occurring capable system by functionally integrating Wlser Choice and SAIL.
- Establish public/private system quality indicators aligned with the overall system vision.
- Identify and coordinate existing data sets and data sources.
- Determine how to include consumer experiences in the improvement process.
- Identify how improvement targets in SMART Goals will be measured and reported.
- Create information-sharing agreements.
- Prepare initial format for review and modification.

## Working Forum Input

- Incorporate peer support in the creation of the survey instruments
- Increase interaction between Quality Action Team and MC3 Evaluation Subcommittee
- Expand social media publicity of results
- Include results in state conference work groups in October 2014 and 2015
- Publish a newsletter for providers about Action Team activities
- Continuously review to decide what to add/subtract
- Implementation of goals

**Progress:** 1) Data dashboard developed and made public: <http://county.milwaukee.gov/MHRedesign/Dashboard.htm>; 2) System mapping to highlight areas of highest emergency room and Chapter 51 incidents; and 3) Exploration of how to collect personal and family stories and apply to quality improvement.

## From Cross-Cutting Issue Discussions:

### Continuity and Sustainability

- Create an organized system for broadcasting research-based data and stories of success to the community to reduce stigma, improve access, and impact funding.

## Attendance List

Avery Furman	Guest House of Milwaukee
Tim Baack	Pathfinders
Mary Jo Baisch	University of Wisconsin-Milwaukee
Tyra Baumler	Tessera Design
Barbara Beckert	Disability Rights Wisconsin
Serge Blasberg	NAMI Greater Milwaukee
Nicole Brookshire	City of Milwaukee
Carol Carlson	JusticePoint
Pete Carlson	Aurora Health Care
John Chianelli	Milwaukee Center for Independence
Sara Coleman	Crisis Mobile Team (Milwaukee County)
Lea Collins-Worachek	State of Wisconsin Department of Workforce Development
Héctor Colón	Milwaukee County Department of Health and Human Services
Brian Costigan	Alternatives in Psychological Consultation
Annemarie Domurat	Milwaukee Police Department
Davide Donaldson	Milwaukee Mental Health Associates
Matt Drymalski	Milwaukee County CARS Division
Karen Dubis	Milwaukee Police Department
Kathleen Eilers	Consultant, Milwaukee County Behavioral Health Division
Pam Fleider	Alternatives in Psychological Consultation
Mark Flower	Dryhootch
Rachel Forman	Grand Avenue Club
Susan Gadacz	Milwaukee County CARS Division
Gino Gaglianella	Honeycomb Productions
Tim Gauerke	Milwaukee Police Department
Scott Gelzer	Faye McBeath Foundation
Katy Golden	Integrated Family Services
Martina Gollin-Graves	Mental Health America of Wisconsin
Mary Guilbeault	Intern, Social Development Commission
James Harpole	Milwaukee Police Department
Mary Ann Herzog	Horizon Healthcare/BHD Office of Consumer Affairs
Jim Hill	Milwaukee Center for Independence
Peter Hoeffel	National Alliance for the Mentally Ill
Nathaniel Holton	Public Policy Forum
John Hyatt	IMPACT
Kay Jansen	University of Wisconsin-Milwaukee
Bernestine Jeffers	State of Wisconsin Department of Health Services
David Johnson	Milwaukee County CARS Division
Jane Johnston	Horizon Healthcare/BHD Office of Consumer Affairs
Barbara Jones	Wheaton Franciscan Health Care
Bruce Kamradt	Milwaukee County CARS Division (Wraparound)
Karen Kaplan	Milwaukee County Behavioral Health Division
Dale Kindness	Gerald L. Ignace Indian Health Center
Jim Kubicek	Milwaukee County Behavioral Health Division
Carl Lockrem	Grand Avenue Club

Cheryl Lofton	State of Wisconsin Department of Health Services
Amy Lorenz	Milwaukee County Behavioral Health Division
Kent Lovern	Office of the District Attorney
Paula Lucey	Nursing's Voice
Vicki Lupo	JusticePoint
Jim Mathy	Milwaukee County DHHS Housing Division
Amy Moebius	St. Charles Youth and Family Services
Angie Moran	State of Wisconsin Department of Health Services
Michelle Naples	Milwaukee County Department of Health and Human Services
Mary Neubauer	Mental Health Task Force
Tom Nowak	Midwest Community Services
Michael Nunley	Milwaukee County CARS Division
Audra O'Connell	IMPACT
Kayla Parker	Marquette University
Robin Pedersen	
Katie Pritchard	IMPACT Planning Council
Dennis Purtell	Office of the Public Defender
Tom Reed	Office of the Public Defender
Peggy Romo West	Milwaukee County Board of Supervisors
Leonor Rosas	UMOS
Nick Sayner	JusticePoint
Don Scaffidi	Milwaukee County Community Support Program
Sue Schuler	Nursing's Voice
Annie Short	Milwaukee County CARS Division
Susan Sigl	Social Development Commission
Tonya Simpson	Milwaukee County Department of Health and Human Services
Joy Tapper	Milwaukee Health Care Partnership
Chyra Trost	La Causa
Kimberly Tuck-Bruce	
Jeff Weber	Wisconsin Federation of Nurses and Health Professionals
Joy Wedel	Milwaukee Center for Independence
Jennifer Wittwer	Milwaukee County CARS Division
John Yopps	Phoenix Care Systems
Dawn Zak,	Mental Health America of Wisconsin
Nathan Zeiger	Phoenix Care Systems